AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

## UNITED STATES DISTRICT COURT DISTRICT OF DELAWARE

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4	<u> </u>	an. T. Kloth	
		Plaintiff	ADDITION TO DEOCEED
		V.	APPLICATION TO PROCEED WITHOUT PREPAYMENT OF
		<b>v</b> .	FEES AND AFFIDAVIT
5	الحات	tern Christian University	
 / \		Defendant(s)	
(a.	La.	REGIOCOUNIESTY &	CASE NUMBER: Civ. No. 00-244 SCR
45	(QC)	Defendant(s)  Regions University  Act of Director, et.al	
]	I, _ <b>Š</b>	Joan T. Kloth decla	are that I am the (check appropriate box)
)	<b>X</b> Pe	etitioner/Plaintiff/Movant	
in the above-entitled proceeding; that in support of my request to proceed without prepayment of rees or costs under			
28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.  AUG - 7 200			osts of these proceedings and that I am entitled to the relief
			AUG - 7 200/
In support of this application, I answer the following questions under penalty of perjury:			nestions under penalty of perjury:
	1.	Are you currently incarcerated?	No (If "No" go to Question 2) U.S. DISTRICT OF DELAWARE  BO Scanned
		If "YES" state the place of your incarceration	BO 3. CONTRO
		Inmate Identification Number Required):	
		Are you employed at the institution?	Do you receive any payment from the institution?
		Attach a ledger sheet from the institution of your	r incarceration showing at least the past six months'
		<u>transactions</u>	
2	2.	Are you currently employed?  Yes X No	·
		a. If the answer is "YES" state the amount of v	our take-home salary or wages and pay period a and give the
		name and address of your employer.	out that notice surface of wages and pay period a line give me
		b. If the answer is "NO" state the date of your l	last employment, the amount of your take-home salary or
		wages and pay period and the name and add	ress of your last employer.
		unemployment-December	1 2006 - 396 %o
3	3.	In the past 12 twelve months have you received any money from any of the following sources?	
		a. a. Business, profession or other self-employe	
		b. Rent payments, interest or dividends Yes	
		<ul><li>c. Pensions, annuities or life insurance paymen</li><li>d. Disability or workers compensation paymen</li></ul>	
		e. Gifts or inheritances Yes No	— · · · · · · · · · · · · · · · · · · ·
		f. Any other sources 🗌 Yes 🔀 No	

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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4. Do you have any cash or checking or savings accounts? Yes No  If "Yes" state the total amount \$ 30,50
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?  Yes   No
If "Yes" describe the property and state its value.  Seep = 96" = \$100.60

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

JL , A. K 100% of her support contributed by me

I declare under penalty of perjury that the above information is true and correct.

7-23-27

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts.

If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.